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The Qing Imperial Academy of Medicine: Its Institutions and the Physicians Shaped by Them*

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Abstract: This paper is intended to explain the changes in the activities of the Imperial Academy of Medicine during the Qing dynasty (1644-1911). By tracing its precedents and comparing their functions, I will explain its role during the Qing dynasty. Furthermore, the seemingly hidebound institutional codes in fact reveal interesting information about the dynamics of the Academy. Through examining the impacts of the regulations on personnel and their careers, we are able to explain the very different requirements of the Qing rulers for their medical service. Up until the Ming period (1368-1644) there was an institutional boundary between medical services for the palace and those for the state, even though they shared the same personnel. The Qing was the first dynasty in which even this unclear line disappeared. In this sense, the Qing Academy did not simply copy the tradition of its predecessors. Instead, the services for the emperor's individual needs became more and more central to its mission. Thus, the common people's rather critical perceptions of the bureau were largely true.

In spite of its increased emphasis on serving the imperial household, the Qing Academy retained its connections with the government. As an alien regime, the Manchu court's concern for the security of its rulers was much

* This paper builds on the researches and arguments I first developed in Che-chia Chang (1998) with supplements of recent Euro-American and Chinese scholarly developments. I also wish to thank the anonymous reviewers' suggestions and the efforts of Dr. Bridie Andrews, the editor of this issue, for the improvements from this manuscript's earlier stages.

higher than during the previous dynasty. To meet the needs of the new regime, the device of the Qing Academy emphasized fostering elites rather than selecting them. Now the Academy not only provided medical education to the junior members as in earlier periods, but also shaped them in behavior. This affected both the organization of the Imperial Medical Academy, and the strategies of the physicians employed in it.

The medical bureau of Imperial China is an unusual institution about which little is known. It was common among the world's ancient monarchies to have physicians exclusively serving the ruler, but China's case is rare, if not unique, in that China simultaneously equipped a medical organization in the government to supervise public health activities for the state and also to provide palace services for the emperor. To put it in Lu Gwei-djen and Joseph Needham's words, the Chinese medical bureau's long tradition combined two independent types of services, "those for the palace and those for the nation."¹ By contrast, when Oda Yorozu 織田萬, a Japanese authority on administrative laws, analyzed the Qing governmental system in the early twentieth century, he was confused about the role of Imperial Academy of Medicine (*Taiyiyuan* 太醫院) and wondered why this organization, supervised by the Ministry of Rites (*Libu* 禮部) was serving as no more than a team of court physicians.² How may we make sense of such a seeming contradiction?

Historians have demonstrated and praised the medical bureau's public roles in different eras, including its contributions to medical education and benevolently distributing drugs to the public. Lu and Needham focused on praising the medical examination system in the Tang period (619-908);³ Asaf Goldschmidt and Shinno Reiko described the bureau's expansion in the Song (960-1279) and Yuan (1271-1368).⁴ Although Angela Leung has lamented its deterioration during the Ming (1368-1644) and Qing (1644-1911) dynasties,⁵ the Qing's Imperial Academy of Medicine's efforts in compiling authentic medical texts received Marta Hanson's appreciation.⁶

By contrast, the bureau was perceived by contemporary Chinese as a private service for the imperial household. For a physician, a record of having served in the palace was generally considered a great honor and

¹ Needham and Lu (1962), p. 381.

² Oda (1909), p. 569. Hattori Unokichi 服部宇之吉 (1867-1939) has the same question. See *Qingmo Beijingzhi ziliao* 清末北京志資料 (Sources for the Gazetteer of Beijing City in the Late Qing Period), p. 450.

³ Needham and Lu (1962).

⁴ Goldschmidt (2009), pp. 47ff; Shinno (2007).

⁵ Leung (1987).

⁶ Hanson (2003).

proof of a physician's excellence.⁷ Even the fact of being a descendent of an Academy physician would be a useful advertisement to claim a physician's quality.⁸ More than that, China's most renowned drugstore, *Tongrentang* 同仁堂, is still promoting its founder's record as an academy physician, even though his ranking was pretty low.⁹ Nevertheless, there were consistent rumors about Imperial Physicians' mediocre quality and bureaucratic characteristics. Historians of later periods sometimes criticized them for being unable to cure the imperial patients;¹⁰ and even their contemporaries did not hesitate to criticize them when there were clinical disagreements.¹¹

This paper is intended to clarify the Imperial Academy of Medicine's role in the Qing dynasty. I am going to explain that the Qing Academy did indeed have dual functions. Up until the Ming period there was an institutional boundary between the services for the palace and those for the state, even though they shared the same personnel. The Qing was the first dynasty in which even this unclear line disappeared. In this sense, the Qing Academy did not simply copy the tradition of its predecessors. Instead, the services for the emperor's individual needs became more and more central to its mission. Thus, the common people's impressions of the bureau, mentioned in the abstract, were largely true.

In spite of its increased emphasis on serving the imperial household, the Qing Academy retained its connections with the government. As an alien regime, the Manchu court's concern for the security of its rulers was much higher than during the previous dynasty. To meet the needs of the new regime, the Qing Academy emphasized fostering elites rather than selecting them. Now the Academy not only provided medical education to the junior members as in earlier periods, but also shaped them in behavior. This affected both the organization of the Imperial Medical Academy, and the strategies of the physicians employed in it, as we shall demonstrate below.

⁷ For example, the case of Ma Wenzhi 馬文植 described by Scheid (2007), pp. 95-96.

⁸ An example is Zhao Shaoqin 趙紹琴. When he was acknowledged as a representative senior TCM physician by the PRC government, his introduction highlighted his family background with three generations of ancestors who had been Imperial Physicians. For Zhao's background see Zhao (1985), p. 9.

⁹ Bian (2010), pp. 3-14.

¹⁰ Wu (1964), p. 6.

¹¹ *Chongling bing'an* 崇陵病案 (Medical case histories of Reverent Tomb [i.e. the Guangxu Emperor]), vol. 1, p. 71.

Evolution of the Medical Bureau through the Ming Dynasty

The Qing Academy of Medicine is usually described as heir to a long tradition, which may be traced back to the idealized ancient world described in the Classics “Rites of Zhou” (*Zhouli* 周禮). In this legendary canon, appointing medical officials had been the role of the ruler’s chief physician.¹² This ideal was not crystalized institutionally until the medieval period. It was during the Northern Wei (386-534) that the bureau first appointed official staff for medical education.¹³ About the same time, as Vivienne Lo notes, prefectural medical schools arose at a preliminary level.¹⁴ In the Northern Qi (550-577), the Imperial Medical Office (*Taiyishu* 太醫署) became clearly independent from the Palace Medical Service (*Shangyaoju* 尚藥局). The former developed its linkage with prefectural medical schools into a network during the Tang dynasty. Its involvement in public health care was increasing.¹⁵ By the Song dynasty, Asaf Goldschmidt represents the Imperial Medical Service (*Taiyiju* 太醫局) as a well-organized empire-wide educational system centered in the capital.¹⁶ The central government invested funding, standardized the texts, dispatched trained personnel to the prefectures, and regularly supervised the local medical services. Additionally, the Song state established empire-wide welfare institutions such as running the well-known charity pharmacies (*huimin yaoju* 惠民藥局).¹⁷

No Chinese sovereigns were as enthusiastic about public health activities as the Mongol Yuan dynasty. When the Mongols inherited the Song medical bureaucracy, they continued the ideal of an empire-wide medical institution, and also provided opportunities for outstanding pupils to gradually be promoted starting at the local level. The best pupils might be sent to the capital to attend a highest examination that was regularly held every three years, similar to the civil service examinations.¹⁸ According to Robert Hymes’ analysis, in the Yuan dynasty, the physician’s social status had been elevated so that Confucian literati were willing to practice

¹² Hucker (1995), p. 269.

¹³ *Lidai zhiguan biao* (1980), 169. Hucker calls it *jiaozhu* 教助 instead of *zhujiao*, and identifies it to be starting in the Tang. See Hucker (1995), p. 141.

¹⁴ Lo (2004), p. 81.

¹⁵ Naba (1960).

¹⁶ At the same time, the palace medical service evolved into Medical Institute (*Hanlin yiguanyuan* 翰林醫官院); *Lidai zhiguan biao* (1980), p. 169; Hucker (1995), p. 222.

¹⁷ Goldschmidt (2009), chap. 2.

¹⁸ Liu (1974), p. 347.

medicine for their livelihood.¹⁹ Especially since the opportunities for advancement through the civil service examinations became very few in the Yuan, the medical bureaucracy allowed Chinese scholars an alternative option for social mobility and high official rank.²⁰

Thus, even though the medical bureau's name and supervisors' titles seemed to stay stable from Yuan to Qing, the contents and organizational logic changed considerably.²¹ Along with the Commissioner (*yuanshi* 院使) as head of the bureau, the Yuan Academy had as many as twelve more Commissioners, while Ming and Qing usually had only one. Another significant difference is that the Yuan Academy officials were generally given high managerial rank. In the year 1323, for example, there were 24 officials at rank 5b or above, and only three officials ranked 6a or below. This suggests that the Yuan Academy had a considerable amount of administration to do. It was at the head of a larger network that was different from other medical bureaus in history.²²

When the Ming expelled the Mongols, restoring Chinese conventions in government administration was the new empire's fundamental policy. The normal channel of promotion through civil service examinations was quickly revived and the incentive for becoming an Imperial Physician was reduced accordingly. In 1381, Emperor Taizu (r. 1368-1398) reformed the office to adjust the official ranking of Commissioner, supervisor of the office, from 2a to 5a, a substantial degrading. In addition, the numbers of Imperial Physicians were increased so that the structure became a pyramid. To some extent, this new format was closer to the classical Chinese ideal described in Rites of Zhou: both the services of management and healing were combined within a single office, rather than its function being a purely administrative headquarters as had been the case during the Yuan dynasty.

However, the Emperor did not try to dismantle the empire-wide network left by the Mongols. Its existence was advantageous to him. He just changed the way it functioned. According to Sheng Yin 盛寅 (1375-1441), an early Ming imperial doctor, at this time the relationship between the central and local medical schools was redefined.²³ The central office

¹⁹ Hymes (1987).

²⁰ I appreciate that Zhang Xueqian pointed out this idea to me.

²¹ The Yuan bureau's names and the members were re-organized several times. See Liu (1974), p. 340.

²² Ibid.

²³ *Yijing mizhi* 醫經密旨 (Secret Teachings of the Medical Canons), in Shen Hongrui 沈洪瑞 and Liang Xiuqing 梁秀清 (comps.), *Zhongguo lidai mingyi yihua daquan* 中國歷代名醫醫話大全 (Great Collection of the Casual Writings on Medicine by Famous Doctors in Chinese History, hereafter YHDG), p. 23. Later Qiu Jun 邱濬 (1419-1478), a Ming prime minister, also mentioned this idea when he interpreted

decreased its commitment to supply personnel or material resources for local branches. The central government no longer paid the salary of the instructors of prefectural or county schools. Instead, now the local medical schools would take the full responsibility for sustaining the medical organization on their own.²⁴ This must be—as Angela Leung correctly observed—the foundation of the phenomenon of the passive functioning status of the medical school network in the latter half of the Ming dynasty.²⁵

However, the emperor still expected local medical schools to send their best physicians to serve him, just as the Yuan network had done before. It was ordered that once local medical schools discovered excellent physicians, the local government should send them to the Academy.²⁶ The famous physician Li Shizhen 李時珍 (1518-1593) was sent to work at the Academy as a result of this regulation.²⁷ This was another drastic turning point in the history of the Chinese state medical bureau. Now the major direction of the medical resources turned upside down, from the periphery to the center rather than the other way around.

It should be noticed here that becoming an Academy physician was institutionally different from becoming a palace physician in the Ming dynasty. Today's general impression is that Academy physicians were those who healed in the palace. That was an image left by the Qing institution. In the Ming dynasty, by contrast, a formal palace physician would be a member of the Academy, but only Academy members promoted to Imperial Physician (*yuyi* 御醫), or those who had received “permission to serve in the Imperial Dispensary (*yuyaofang* 御藥房)” were qualified to serve in the palace. The following episode exemplifies the difference:

In the reign of [Ming Emperor] Hongzhi 弘治 [1488-1905], Wu Jie 吳傑 was summoned to the capital for his excellence in medicine. He was awarded ‘superior’ grade at the Ministry of Rite’s examination. The established rule was: those graded ‘superior’ would be permitted to serve in the Imperial Dispensary; those graded ‘mediocre’ would be sent to the Academy; and those who failed the examination would be dispatched back home. Wu Jie petitioned the Ministry and said: “the summoned physicians have been retained in the Capital for more than ten years. Once they are dispatched to their hometowns

the design of the Ming Academy. See *Daxue yanyi bu* 大學衍義補 (Complementary Comments on the “Extensive Interpretations of Great Learning”), *juan* 5, p. 16b.

²⁴ Liang (1995), pp. 147, 174.

²⁵ Leung (1987).

²⁶ *Ibid.*, pp. 138, 174.

²⁷ Liu (1974), pp. 434-435.

[without a job], then they have to roam and that is really pitiful. I am willing to resign the appointment in the Imperial Dispensary, hoping you will agree to have all the candidates including me to serve in the Academy."²⁸

Wu Jie's suggestion was accepted.

This story reveals that in the Ming, imperial health care was performed only by the Academy's elite, rather than by all the members. For those who had the favored qualification to serve in the palace, they had the dual status of Imperial Physician and government official. The rest only had duties for the government. Nonetheless, the Academy was officially an organization in the government under the supervision of the Ministry of Rites. Thus it was natural for the Academy physicians to have connections with their colleague officials at court.²⁹

The Shift of Academy Physicians' Role Across the Ming-Qing Transition

From the aspect of institutional history, the few elite Ming Academy physicians' dual status of governmental official and imperial attendant was unique. Compared to other dynasties, Ming Academy physicians had better social connections and political careers. Consequently they had much better chances to have their names recorded in history.³⁰

There are examples demonstrating that Imperial Physicians treated noble patients from the early years of the Ming. Xue Ji 薛己 (1487-1559), who became Commissioner of the Academy's Nanjing Branch, publicized his medical cases including many treatments of aristocratic customers. His books were even published at the expense of the office.³¹ This suggests that having direct interactions was not at all a taboo for Academy physicians in the early Ming dynasty.

Such private practice did not demand a high-ranking post such as Xue Ji had, even a lowly Medical Secretary (*limu* 吏目, ranked 9b) such as Gong

²⁸ *Ming huiyao* 明會要 (Outline of the Institutes of the Ming Dynasty), pp. 689-690.

²⁹ *Da Qing huidian bing shili* 大清會典并事例 (The Institutes of the Great Qing attached with Enacted Examples), hereafter *Huidian shili*, *juan* 1105, p. 1b; *Taiyiyuan zhi* 太醫院志 (Records of the Academy of Medicine), p. 171; *Ming huidian*, *juan* 224, p. 1104.

³⁰ The Ming is the only dynasty for which we have a long list of its Imperial Physicians. For some of them, see Liu (1974), p. 398; Li (1983).

³¹ Huang (2001), p. 151.

Tingxian 龔廷賢 (1522-1619), also had chances to meet noble patients.³² It is particularly well-known that Gong's successful treatment of Princess Lu made him a physician of renown and won the Prince's patronage to publish his famous "Prohibited Prescriptions of the Lu Mansion" (*Lufu jinfang* 魯府禁方).³³ Such patronage between a political figure and an official physician was never as publicized in other dynasties in Chinese history.

Another eminent example is Xu Chunfu 徐春甫 (1520-1596). He organized China's first private academic association *Yititang zhai ren yihui* 一體堂宅仁醫會 (Compassionate Medical Association of the One-body Hall, 1568). Among the 46 members, only 12 were from Xu's hometown of Xin'an 新安.³⁴ This suggests that Xu's social connections stretched beyond local linkages. With such ample social capital, it would not be difficult for capable Academy physicians to find funding for publishing their works. Xu Chunfu himself had his huge compilation *Gujin yitong daquan* 古今醫統大全 (Complete Works of the Medical Lineage from the Past to the Present) in 100 *juan* published through the patronage of Duke Zhu Xizhong 朱希忠 (1516-1573) and 37 other noblemen. Zhu Xizhong was not only a member of the imperial clan, but also seized practical power in the government. However, Xu did not consider his connections with the Duke to be sensitive. In fact, Xu himself resided in the Duke's mansion as a permanent guest. Because Academy physicians were permitted to have private clinics in the Ming period, Xu had the freedom to access civilian patients and made connections with officials. From this evidence of their financial support we can see that many aristocrats valued Xu's medical expertise highly.³⁵

The best representative case of a high-ranking Academy physician making connections with courtiers was Liu Wentai 劉文泰, an Administrative Assistant, or Vice Commissioner (*yuanpan* 院判) of the Academy. Other than his services in the palace, he had frequent connections with Qiu Jun 丘濬 (1419-1478), prime minister at that time. The fact that Liu did not consider his alliance with Qiu to be a secret is demonstrated by that fact that in 1505 he submitted a memorial to the emperor attacking Qiu's enemy for him. The result was that the emperor punished both Qiu's enemy and Liu. But Liu's political connections eventually proved effective after this incident. About thirty years later, when some courtiers wished to execute doctors whom they held respon-

³² An example is when Gong treated the Minister of Punishments. See *Xu mingyi lei'an* (1974), p. 174.

³³ *Gong Tingxian yixue quanshu* 龔廷賢醫學全書 (The Complete Medical Works of Gong Tingxian), p. 67.

³⁴ Xiang (1991).

³⁵ *Gujin yitong daquan*, "Editorial Notes," pp. 5-6.

sible for Emperor Xiaozong's 孝宗 (r. 1488-1505) untimely death, public opinion considered that Liu was too deeply allied with court eunuchs, and suspected him of malpractice in the case. However, high-ranking friends of courtiers helped to find a lighter crime to accuse him of, so that he escaped execution.³⁶ At that time Qiu had already passed away, thus Liu's connections with courtiers were multi-directional. The early part of this story alarmed the Qing rulers. The compilers of the "Complete Writings of the Four Storehouses" (*Siku quanshu* 四庫全書), whose comments often reflected the emperor's opinions, fiercely criticized Qiu and Liu's intimate connection. In their "Critical Abstracts" (*tiyao* 提要), Qiu Jun was accused of instigating Liu Wentai to attack his enemy for him. For such a deed, "even his wife knew that Qiu was wrong."³⁷

In spite of the fact that the Manchu rulers decided to keep the Ming Academy intact, and maintained its affiliation to Ministry of Rites, under Qing administration the system of local branches declined even further. As Wu Yifeng 吳翌鳳 (1819-1878) complained, "Quack physicians filled the whole empire," and he attributed the deterioration of the physician's quality to the Qing government's failure to test physicians at the local level.³⁸ During the high Qing, Xu Dachun 徐大椿 (1695-1771) had already appealed to the government to reestablish medical examinations so as to improve physician quality.³⁹ Compared to the numerous records about Ming Academy physicians' social activities and their recommendations from the local medical elites, there are only rare instances from the Qing. According to the "Institutes of the Great Qing" (*Da Qing huidian* 大清會典), out of the eight duties of the Academy, five were related to the imperial household. The other three were: worshiping the medical sages, treating the prisoners in the Ministry of Punishments' jail, and distributing drugs.⁴⁰ Additionally, Academy physicians would occasionally be dispatched to civil examination sites near Beijing, to Outer Manchuria or to battlefields to

³⁶ *Mingshi*, v. 16, *juan* 181, *liezhuan* 69, *Qiu Jun zhuan* 邱濬傳, p. 4809. Also see Liu (1974), p. 415.

³⁷ For example, see the "Critical Abstract" of Qiu Jun's *Chongbian qiongtaihui gao* 重編瓊台會稿 (A Recompilation of the Drafts of the Meeting of Jade Platform), p. 1b.

³⁸ *Dengchuang congkao* 鐙窗叢稿 (Collected Draft of Stirrup Window), p. 121.

³⁹ Xu Dachun, "Kaoshi yixue lun" 考試醫學論 (On Medical Examinations); *Xu Lingtai yishu quanji* 徐靈胎醫書全集 (Complete Collection of Xu Dachun's Medical Works), *juan* 1, p. 126.

⁴⁰ *Huidian shili*, *juan* 1105.

help the troops.⁴¹ To historians' knowledge, drug distribution rarely took place.⁴²

Obviously, the Academy's public role had diminished to a trivial scale. Instead, its role decisively inclined towards the palace services. As mentioned earlier, only a limited number of Academy physicians was permitted to serve in the palace during the Ming. Now this rule was broken. From the Shunzhi 順治 reign period (1644-1661), anyone with a basic post in the Academy would have the chance to rotate to serve in the palace.⁴³ According to a late Qing record of palace service, all 102 members of the Academy, from Commissioner to students, were expected to rotate.⁴⁴ During the Ming, more than half the Academy members were not admitted to serve in the palace, so there must have been enough external duties for them to carry out in the government. Recent studies of documents from the Kangxi 康熙 Emperor's reign (1622-1722) clearly show the Academy physicians' new role as personal attendants to the imperial family rather than as government officials.⁴⁵ The surviving archives reveal that the emperor flexibly used the Imperial Physicians to heal high-ranking ministers or generals and accordingly got reports about their health. The emperor even had Chinese and Jesuit physicians work together so that neither party could hide the truth from him.⁴⁶ Thus, today's general impression of Academy physicians as imperial attendants took shape in the Qing period.

Without the emperor's special approval, a Qing dynasty Academy physician could not give medical treatments to high-ranking officials. On the few exceptions when the emperor approved an official's request, the Academy physician would need to write a memorial to report his diagnosis.⁴⁷ The free and frequent physician-patient interactions between courtiers and Academy physicians during the Ming period were curtailed during the Qing. The Kangxi Emperor once claimed that he permitted any *retired* official to seek treatment from imperial doctors without seeking permission in advance. This statement proves that from the early Qing, restricting Academy physicians from treating active courtiers had been standard practice.⁴⁸

⁴¹ Liu (1974), p. 507.

⁴² Leung (1987), p. 146.

⁴³ *Taiyiyuan zhi* (1925), p. 7b.

⁴⁴ *Taiyiyuan ruzhi guanyuan mingce* 太醫院入值官員名冊, First Historical Archives of China.

⁴⁵ Guan (2008), pp. 38-59.

⁴⁶ On this topic see Guan (2012) and, especially, Puente-Ballesteros (2011).

⁴⁷ Chen (1987), p. 8.

⁴⁸ Spence (1975), p. 98.

Historians have overlooked this separation of the Academy physicians from courtiers, but its effects were significant. Although it is reasonable to expect more Qing than Ming works by Qing Academy physicians to have survived, the opposite is true.⁴⁹ The Qing Academy physicians' social activities were restricted, so they had few possibilities to obtain private funding for publication. A few Qing Imperial Physicians, such as Xu Dachun and Huang Yuanyu 黃元御 (1695-1771) were very famous, but they had achieved their fame before entering the court. Since Xu retired soon after he entered the Academy and Huang only served the emperor when the latter was traveling in the Yangzi delta, their cases were exceptional and their status did not restrict their publications or social connections.⁵⁰

Regulation of Personnel Affairs in the Qing Academy

Inheriting the format left by the Ming, the Qing Academy had a pyramidal structure consisting of few leaders on the top and a large middle management layer with the majority of workers in the bottom ranks. High positions were scarce and the road to promotion was long. If mounting to the top was a junior's goal, he needed to make exceptional efforts to win the promotions.

On the top of the pyramid were a Commissioner and two Administrative Assistants—Senior (*zuo yuanpan* 左院判) and Junior (*you yuanpan* 右院判). For most of the dynasty, their rankings were 5a for the former and 6a for the latter.⁵¹ As a group they were referred to as the Senior Officials

⁴⁹For example, in the Qing I only found four Imperial Physicians with publications, Qi Kun 祁坤, Wu Qian 吳謙, Xu Dachun 徐大椿, and Huang Yuanyu 黃元御. I explain Xu's and Huang's cases below, Wu wrote medical manuals, but he did not try to publish them until the Qianlong Emperor (r. 1735-1795) ordered him to compile the *Yizong jinjian* 醫宗金鑑 (Golden Mirror of Medical Lineage). Qi Kun served as an Administrative Assistant in 1665. We are not sure whether the rule to separate Imperial Physicians and high officials had been applied by then. Compared to the Ming, the Qing Imperial Physicians' publications were remarkably few. All the three Ming Imperial Physicians mentioned above, Dai Yuanli, Sheng Yin, and Xue Ji, published medical manuals. Liu Boji lists a few further examples: Ling Yun 凌雲, Li Shizhen 李時珍 (1518-1593), Yang Wende 楊文德, Ge Lin 葛林, Wu Shou 吳授. See Liu (1974), pp. 433-435, 448-455.

⁵⁰When the Qianlong Emperor summoned Xu Dachun, Xu was already very old, and soon afterward he retired. See He (1991), v. 2, p. 285. For Huang Yuanyu, see Qiu Peiran 裘沛然 and Ding Guangdi 丁光迪 (1992), p. 388.

⁵¹These ranking was adjusted in the later years of the Qing dynasty, especially in the Xuantong 宣統 court after 1911. See *Taiyiyuan zhi*, 4b.

(*tangguan* 堂官).⁵² Once the Academy's role as provider of the emperor's personal medical attendants became clear, a Manchu Minister was assigned to oversee the Academy.⁵³ Sometimes the emperor would appoint a prince to take the job.⁵⁴ Such decisions suggested that the Qing emperor did not feel completely safe to have his life and health in Chinese physicians' hands. In the reign of Kangxi, the emperor employed some Jesuits in the medical team to counter-balance the Chinese physicians.⁵⁵ One historian has suggested that the famous event of the Daoguang 道光 Emperor's abolition of the division of acupuncture and moxibustion from the Academy in 1822 might have been to prevent the emperor's assassination by Chinese physicians.⁵⁶ If the Qing's new policy to cut off Academy members' connections with the government was intentionally to avoid the Ming case where physicians connived with courtiers, it was also informed by the Manchu ruler's anxieties about ethnic tensions and the loyalties of his Chinese attendants. However, sometimes the Qing imperial house considered protecting their lives from quack physicians more desirable, as for example between 1906 and 1908, when Lu Runxiang 陸潤庠 (1841-1915), son of the well-known physician Lu Maoxiu 陸懋修 (1818-1886), was appointed to supervise imperial clinical affairs and watch over the palace physicians' prescriptions.⁵⁷

Below the Senior Officials was the middle layer of the Academy. This layer consisted of section staff, namely, the Imperial Physicians and the Medical Secretary Clerks. The Imperial Physicians held a rank of 7a. Like the Administrative Assistants, the Medical Secretary Clerks were divided into "Seniors" and "Juniors." The senior clerks were called Rank Eight Secretary Clerks (*bapin limu* 八品吏目, 8b); the junior clerks were called Rank Nine Secretary Clerks (*jiupin limu* 九品吏目, 9a). The number of Imperial Physicians and Secretary Clerks changed several times during the Qing period, but there was always a constant ratio: one Imperial Physician for each Senior and Junior Secretary Clerk. This unchanging ratio suggests that each Imperial Physician, aided by one Senior and one Junior Secretary Clerk, formed a unit of responsibility. However, since no record clearly indicates how these officials interacted, we cannot be sure.⁵⁸

⁵² *Huidian shili*, juan 1105, p. 1a.

⁵³ *Taiyiyuan zhi*, p. 5b.

⁵⁴ *Qingshi gao*, juan 121, zhiguan 2, p. 5a.

⁵⁵ Guan (2008), pp. 204-213.

⁵⁶ Ma (2002).

⁵⁷ Chen (1987), p. 33. Lu's biography in *Qingshi gao* mentioned this assignment, but failed to give dates.

⁵⁸ *Taiyiyuan zhi*, p. 168; also *Huidian shili*, juan 1105, p. 1a.

Master Physicians (*yishi* 醫士) held the lowest formal position. Their rank was 9b, the lowest in officialdom. Master Physicians participated in all kinds of Academy health care assignments.⁵⁹ The number of Master Physicians displayed no correlation with the number of Secretary Clerks posted above them, but there were always about fifty percent more of them than of the Junior Secretary Clerks. For example, at one time the number of Junior Secretary Clerks was thirteen, and there were twenty Master Physicians.⁶⁰

In addition to the officials, medical students were attached to the Academy. These students did not have any bureaucratic rank, but they could receive a stipend from the government. They studied medical texts so that they could fill vacancies in the formal faculty. Their number exceeded that of the Master Physicians. In the above case, when the number of Master Physicians was twenty, the office supported thirty students.⁶¹

A pyramidal structure was common in various parts of the Qing bureaucracy, but the Academy differed from those of other offices. Where most promotions to higher rank were accompanied by a transfer to other offices, the promotion in the Academy was solely internal. Officials in the Academy had to stick to their profession. They were not allowed to transfer to fill vacancies in other departments in order to be promoted.⁶²

This is not the only aspect of the Academy's promotion regulations that was exceptional. According to the "Institutes," the Academy had very strictly fixed conditions for a promotion. In short, no vacancy, no promotion; and the successful candidate was generally selected beforehand. When a Commissioner's post became vacant, the Senior Administrative Assistant was supposed to fill the vacancy. Accordingly, the Junior would take the position of the Senior Administrative Assistant, then one of the Imperial Physicians would be chosen to become the Junior Administrative Assistant. The compiler of the "Institutes" admitted that even though the emperor was supposed to select the candidates, in practice the Senior Officials' suggestions carried great weight with the emperor.⁶³ Beneath the rank of Imperial Physician, the same general rules applied. One could hardly expect to be promoted more than one rank at a time, and only when

⁵⁹ Sometimes Secretary Clerks acted as Master Physicians to serve in appointed places. For example, an archival document indicates that the jail of the Ministry of Punishment requested the Academy to appoint Zhang Qingyun 張慶雲, a Secretary Clerk, to the jail again, because the jailers considered his medical expertise to be excellent. See Chen (1990), Table 1.

⁶⁰ The number of Academy officials varied. Here I use the number recorded in the *Huidian shili*, *juan* 1105, p. 1a.

⁶¹ *Ibid.*

⁶² *Qingshi gao*, *juan* 121, *zhiguan* 2, p. 5a.

⁶³ *Huidian shili*, *juan* 1105, p. 1b-2a.

the person above one either advanced a step or left the Academy. Other parts of the Qing government were rarely so strictly hierarchical.

The government prohibited the Academy's physicians from resigning or retiring as long as they were able to work. A physician might be allowed to take a leave of absence for reasons of illness, but he was obliged to return once he recovered. A recovered Academy physician would be severely punished if he did not return, particularly if he was also discovered to be active in private practice.⁶⁴ Therefore a junior physician could not expect his seniors to leave their posts while they were still healthy. Low-ranking physicians usually had to wait a long time for a promotion.

The consequence of this structure was that by the time a physician qualified to serve the emperor, he was already old and experienced. As of 1900, not a single Qing Academy official had acquired the post of Imperial Physician before the age of fifty.⁶⁵ The Qing emperors admitted that age was exactly what they wanted in their physicians. In order to attract old and experienced physicians, the emperor was willing to give them additional salary and a civil post for one of their sons.

On the other hand, this policy proved a problem for Academy physicians. According to the "Institutes," some retained the position of Master Physician until they were forced to retire due to age.⁶⁶ Since the salaries of the physicians were low, a lack of promotion meant financial difficulties due to a low fixed income.⁶⁷ It can be reasonably assumed that the low rate of pay discouraged some capable private physicians from joining the Academy.

Some outside officials noticed personnel problems within the Academy. In 1866 one suggested lifting the restriction that Academy officials could not serve in other bureaus. However, the government quickly rejected this idea because the specific training in the Academy did not adequately prepare an official for other duties.⁶⁸ The promotion problem of the Academy remained unsolved until the end of the Qing. Even worse, after the destructions caused by British and French allied troops in 1860, the salary and other resources decreased.⁶⁹ The tight financial situation finally moti-

⁶⁴ *Huidian shili*, juan 1105, p. 4b.

⁶⁵ This information is from the inscription of *Taiyiyuan jinzhi jishi bei* 太醫院晉秩紀實碑 (Inscriptions on the Veritable Facts about the Promotions within the Academy), cited by Yuan (1984), p. 7. I could not find the complete inscription, and I am not sure whether or not this tablet still exists.

⁶⁶ *Huidian shili*, juan 1105, p. 4a.

⁶⁷ *Qingmo Beijingzhi ziliao*, p. 450.

⁶⁸ *Qingshi gao*, juan 121, zhiguan 2, p. 5a.

⁶⁹ *Taiyiyuan zhi*, p. 2b.

vated the government to tacitly allow Academy physicians to run private clinics without penalty.⁷⁰

Since promotion within the Academy was so difficult, the Qing emperors gave rewards other than promotions to encourage the personnel. When a physician won the emperor's recognition, he could gain some honorary title, or obtain a real civil post for one of his sons.⁷¹ Although an Academy physician could hardly become rich, it was a job with opportunities for honor and other advantages for the family, thus some of the physicians were willing to have their sons serve in the Academy.⁷²

For a newcomer to the Academy, his career outlook was like this: if he did not make serious mistakes in therapy, the most important formal criteria for his promotion were the grades received in examinations.⁷³ For medical students, good grades were essential for them to become formal members of the Academy staff.⁷⁴ It was not enough to barely pass. Ranking on the list of grades largely decided who was to be promoted.⁷⁵ A medical official could not escape regular examinations until he was promoted to the post of Imperial Physician.⁷⁶

Partly due to the essential role of examinations, the Academy was subordinate to the Ministry of Rites, which was in charge of education.⁷⁷ There were three levels of examinations in the Academy: monthly quizzes, quarterly examinations, and joint examinations (*huikao* 會考). The last level took place every six years and a Senior Official of the Ministry of Rites and the Academy Senior Officials jointly supervised the examination.⁷⁸ This examination was the most important one for a junior member's grading.⁷⁹ The examination of this level was intended to test the examinee's capabilities in Confucian Classics as well as their medical knowledge.⁸⁰

⁷⁰ According to Hattori Unokichi's report dated 1907, Beijing people called such Academy physicians "official physicians" (*guanyi* 官醫) and respected them. See *Qingmo Beijingzhi ziliao*, p. 450.

⁷¹ *Taiyiyuan zhi*, pp. 7a-7b.

⁷² For example, Zhao Shaoqin 趙紹琴 said that three generations of his ancestors were Academy physicians. See Zhao (1985), p. 9.

⁷³ *Ibid.*, p. 177.

⁷⁴ *Ibid.*, p. 169.

⁷⁵ *Ibid.*, p. 177.

⁷⁶ *Ibid.*, p. 176.

⁷⁷ *Ibid.*, p. 175.

⁷⁸ *Ibid.*, p. 176. After 1866, quarterly examinations took place every half year. The Senior Officials of the Ministry of Rites mean that board's Minister (*shangshu* 尚書) or Vice Director (*shilang* 侍郎).

⁷⁹ *Ibid.*

⁸⁰ *Qingbai leichao*, 21, p. 65.

The surviving quiz papers from the 1860s and 1890s reveal some of the criteria for selecting people for promotion.⁸¹ There were usually two essay questions: the first question would raise a symptom and ask for a theoretical explanation, while the second essay would be a case analysis. The examinee was expected to judge the right manifestation and give a right prescription based on the given symptoms. The *Yizong jinjian* 醫宗金鑑 (Golden Mirror of Medical Lineage), a medical encyclopedia compiled in 1742 by the Academy, was the authority for final judgment, if there was more than one possible explanation.

Senior Officials in the Ministry of Rites were the chairmen in the joint examinations. Despite the fact they were laymen, they were the official supervisors so that it was their right to set the questions. During one such grand examination during the Tongzhi 同治 reign (1862-1875), the medical officials and students refused to answer the questions given by the Minister of Rites. Their reason was that according to convention, the joint examination questions must be taken from the first chapter from *Yizong jinjian*. The official of the Ministry of Rites eventually acquiesced and followed this rule.⁸²

Even though the officials of the Ministry of Rites were laymen, it was not meaningless to have them supervise the examination. In addition to the medical tests, the officials would give essay questions concerning the Confucian Classics, a real test of rhetoric. The leaders of the Ministry were well versed in this type of examination. This examination design indicates that the Qing government highly favored physicians who had a strong literary education. The purpose of the examination was to select a right person to heal the emperor, which necessitated writing documents to communicate with the imperial patient and his consultants. In such a sensitive situation, the ability to write skillful, nuanced prose was highly desirable. For an Academy physician, knowing how to write was as essential as medical expertise.

Obviously some Imperial Physicians did not appreciate the importance of the Ministry of Rites' role. According to Ren Xigeng 任錫庚, an Academy physician who retired in the early Republican period, it was natural that the Academy should have no public duties. In his understanding, the Academy had to have an office in the government only because of the need to document personnel, accounting, and regular examinations.⁸³ However, in addition to their shared duties of worshiping, education, and drug

⁸¹ Zhang (1995), pp. 95-96.

⁸² *Qingchao yeshi daguan* 清朝野史大觀 (Great Collection of Informal Qing Histories), *juan* 2, p. 14; *Qingbai leichao*, 21, p. 165.

⁸³ *Taiyiyuan zhi*, pp. 10a-10b.

management,⁸⁴ it was good for the Academy to keep connections with Ministry of Rites because Academy physicians retained some duties outside the palaces. These assignments could help the physicians to accumulate experience. It was convenient for the Academy to maintain official status in the government so that these opportunities for practical training remained part of physicians' routine work rather than special assignments.

The Effect of the Qing Institutions on Physicians

The administrative structure inevitably influenced the Qing Academy physicians' behavior. Compared to previous dynasties, the Qing Academy was a rather isolated organization. Unlike the medical bureaus from the medieval period to the Yuan, which operated as the headquarters of an empire-wide system, the external duties of the Qing Academy were rather confined. Additionally, court physicians of the previous dynasties had been selected after they had already proved their excellence in medical practice in the outside world, whereas most of the Qing Academy physicians were fostered within the institution.

It was also quite different from its counterpart in the Ming. The Ming Academy, at least nominally, led several levels of local medical schools, and received the branches' recommended physicians to renew its own personnel. This paper has mentioned four such cases: Li Shizhen, Wu Jie, Xu Chunfu, and Gong Tingxian. They must have excelled in healing patients in their home provinces, otherwise the local school would not have recommended them to the capital. Once they were accepted by the Ming Academy, they could build normal social connections with colleagues from other departments of the government to continue accumulating clinical experiences. They were also allowed to open private clinics for ordinary customers. In the event that they were not satisfied with serving the emperor, the Ming Academy physicians had the opportunity to make their reputations in the medical marketplace. Or they could choose to retire early to return to their native places to do whatever they liked. Li Shizhen was exactly such an example. He hardly worked on compiling his famous work *Bencao gangmu* 本草綱目 (Compendium of *Materia Medica*) for thirty-four years after his resignation from the Academy post at the age of 39. The "Qing Institutes" would not tolerate such a case.

Despite the fact that the Qing Academy copied the Ming bureaucratic structure, it operated very differently. In short, Qing Academy physicians did not have freedom of choice in their careers. Other than a few who were

⁸⁴ Managing the tribute of herbs from local provinces was Ministry of Rites' duties. See Liu (1974), p. 508.

recommended by provincial governors, such as Xu Dachun or Huang Yuanyu, the normal source for the Qing Academy personnel was the students educated in the Academy. Although there were no written regulations for the student's age, according to the Chinese custom, many of them are likely to have entered the Academy during their early teenage years. The only known requirements for an Academy student was a letter of recommendation from a local official with an official rank of six or above, and an Academy physician willing to serve as guarantor.⁸⁵ These requirements show that trustworthiness was a major concern. In practice, this meant that current Academy physicians' sons were best qualified to join the group, and indeed there are several known cases of multiple generations serving as Academy physicians. Such family background would be useful as a double guarantee of an Academy physician's reliability to be given important responsibilities. Two members of such lineages became head of the Academy in the late Qing.⁸⁶ When a young man entered the Academy to study, his whole life would be totally bound by it. If this student happened to be from an Academy physician's family, the fate of his entire clan was deeply dependent on the Academy. And it was exactly dependency, rather than freedom, that the Qing institution desired from its physicians.

Newcomers to the Academy were encouraged to conform by the fact that a senior colleague had guaranteed their good behavior, by their isolation from other departments of government, their extremely fixed career options, and the fact that their assessments were determined solely by the opinions of their superiors. With this design, high agreement between members of the Academy was normal. An anecdote confirms this assessment:

When the Academy physicians made diagnoses, they did not want to report to the emperor a conclusion very different from each other's. They adopted the following method to handle the problem: the physicians listened to the most senior physician as the leader. After they had come to a diagnosis, the senior physician would show the juniors what he had judged by touching certain beads on his rosary, in accordance with their court custom. Then the junior physicians would know what to write on their

⁸⁵ *Taiyiyuan zhi*, p. 3a.

⁸⁶ One was Zhao Wenkui as recorded in Zhao (1985); the other is Li Deli 李德立. His father Li Wanqing 李萬清 successfully diagnosed the future Empress Dowager Cixi's pregnancy by pulse-feeling. See Li (1994).

respective diagnosis reports. Thus, the emperor would find that all of their diagnoses were about the same.⁸⁷

If this jotting represents the situation accurately, the institution succeeded in shaping a medical team rich in seniority and loyalty, whose behavior reflected this cohesion. The imperial patient clearly did not sense that the Academy's design had decreased the variety of treatment options. The purpose for summoning more than one physician was to gather different opinions, but the Academy's ethic did not allow for full and free discussion of the patient's options. This is confirmed in another jotting which also mentioned the Commissioner's high authority and the strict loyalty to Academy hierarchy.⁸⁸ Given the structure, this behavior pattern of high agreement was natural.⁸⁹ The rule of the Qing palace diagnosis was that if all the physicians concurred, they would all sign the single prescription. Only when there were disagreements then an additional remedy would be prescribed.⁹⁰ The extant archives reveal that only physicians summoned from outside would prescribe individually. There are no surviving records of simultaneous prescriptions from more than one Academy physician. Most of the time there are two signatures on surviving prescriptions, so the silent communications between Academy physicians were not as complicated as those hinted at in the anecdote above.

The author of the last comment goes on to describe another significant tendency of the Academy physicians:

The Academy physicians always give their diagnosis and prescriptions based on the *Yizong jinjian*, which was compiled at the Qianlong Emperor's edict, because the Emperor would not find fault with the physicians if they based their argument on this standard.⁹¹

The surviving archives do not support this claim. Taking the case of the Tongzhi Emperor's fatal smallpox, the Academy physicians did not follow any of the prescriptions introduced in *Yizong jinjian*. For some prescriptions

⁸⁷ *Qingbai leichao*, juan 21, p. 65.

⁸⁸ *Huameng ji* 話夢集 (Collected Works of Talking about Dreams), pp. 6-7.

⁸⁹ The only recorded debates within the Academy happened in 1908, the Commissioner at that time proposed to reform the Academy education to incorporate Western medicine, but the Senior Administrator Assistant strongly opposed this idea. Finally the court decided to postpone the reform. This is an unusual case concerning the fundamental principle of the Academy, and only the first assistant of the head could possibly argue with the boss. See Li (1987).

⁹⁰ *Chongling bing'an*, vol. 2, p. 53.

⁹¹ *Qingbai leichao*, 21, p. 65.

with similar names, the drug composition was also different.⁹² Nobody blamed the Academy physicians for not obeying the authentic texts. In contrast, when it was misunderstood that the emperor was going to recover, the physicians won some rewards for their efforts.⁹³ This accusation—that Academy physicians' treatments were limited to this one book—makes little sense because diseases were highly unpredictable and it was unrealistic to confine treatments to such a limited set of prescriptions. However, this anecdote showed that the public were fond of mocking Academy physicians in the late Qing period. Here is an example of a late Qing proverb that bears this out:

Writings of the Hanlin Academy
(*Hanlinyuan wenzhang* 翰林院文章);
Swords and Spears of the Imperial Procession Guard
(*Luanyiwei daoqiang* 鑾儀衛刀槍);
Prescriptions by the Imperial Academy of Medicine
(*Taiyiyuan yaofang* 太醫院藥方);
Leather Suitcases of the Mule and Horse Market
(*Luomashi pixiang* 驢馬市皮箱).

This sarcastic proverb was, according to the interpreter He Gangde 何剛德 (1854-1936), intended to mock the inconsistency between the magnificent appearance and real activities of these offices.⁹⁴ His father-in-law Xue Fuchen 薛福辰 (1832-1889) had been periodically summoned to the palace to treat Empress Dowager Cixi's diseases since 1880. Xue competed with the Academy physicians and finally won Cixi's trust, thus he is likely to have heard stories about the Academy physicians' incompetence from the family.⁹⁵ Other, similar rhymes circulated in slightly different combination, but the sentence about the Academy was always present.

Such criticisms of the late Qing Academy became gradually more frequent. One of the reasons was the fact that the Empress Dowager invited some unofficial doctors into the court. These doctors competed with the Academy physicians, and some of them did not hesitate to harm the Academy's reputation. Xue Fuchen, mentioned above, was one such example. Another, perhaps more important, reason was that the conservative policy that recommended using only prescriptions from the *Yizong jinjian* could hardly maintain the Academy's authority in the changing era of the late Qing. In fact, not all the members simply deferred to these strictures. In 1908, Zhang Zhongyuan 張仲元, Commissioner of the Academy, proposed

⁹² Chen (1990), pp. 1347-1369; *Yizong jinjian*, pp. 1433-1539.

⁹³ *Weng Tonghe riji paiyinben*, vol. 2, p. 764.

⁹⁴ *Huameng ji*, p. 6.

⁹⁵ Chang (2002).

a project of reform to include Western medicine into the education of the Academy. Even though his proposal was immediately rejected by conservative members and the government, this incident suggests that in the Late Qing some members of the Academy sensed its crisis and sought to solve the problem by strengthening its courses.⁹⁶

Recent research concerning the palace's consumption of rhubarb, which is considered to be a strong purgative in Chinese medicine, reveals that Academy physicians did not hesitate to use heavy doses and that they sometimes were "daring" in their use of strong medicines to treat noble patients.⁹⁷ Another study suggests that the Academy physicians' style was pragmatic, in that they did not limit themselves to any particular school's ideas. Thus the professional understanding of Academy physicians' behavior is far from the laymen's opinions we find reflected in the anecdotes.⁹⁸

The condition for the low public esteem, exemplified by the rhyme given above, was the Academy physicians' institutional isolation from the public. As the court lifted the restriction on private practice, the public estimation of Academy physician competence rose.⁹⁹ However, the information of the rhyme was not completely baseless. It reflected the literary education that shaped Academy physicians' prescriptions, contained in their diagnosis reports. They knew to employ good writing skills to protect themselves in the palace. Their behavior resulted from interactions between the institutional pressure to shape them and their own efforts to survive.

Conclusions

As the highest medical bureau in China's last dynasty, the Qing Imperial Academy of Medicine resembled none of its forerunners. From the viewpoint of institutional history, the Qing Academy inherited the lineage of an official organization that had supervised a medical educational network throughout the empire and also provided drugs for the people. However, in spite of sharing the same name as the Yuan medical bureau, its functions were vastly different. The Yuan bureau was the headquarters for managing state health policy, whereas the Qing only kept some limited public functions. It better corresponded to the Ming Academy. But there was a boundary between the Ming Academy's personnel who were

⁹⁶ Li (1987).

⁹⁷ Zhang (1987).

⁹⁸ Chen (1987), pp. 3-4.

⁹⁹ *Qingmo Beijingzhi ziliao*, p. 450.

qualified for serving in the palace and those who could only work for the government. Such a border was broken as early as the first Qing emperor's reign. Palace services became the central mission for all the members of the Qing Academy. The most profound difference between the Ming and Qing teams of palace physicians was that, unlike the previous dynasties who had selected established physicians to enter the palace, the Qing institution fostered physicians from within, training them to correspond with its ideal stereotype from a young age, sometimes even for generations.

The historical record does not clearly explain the reasons for the medical bureau's rupture from Ming to the Qing. However, as we collect the details of the institution and analyze its mechanisms, the intention of the new design becomes transparent and proved to be effective. As a decree of 1723 highlights, "Good physicians must be found from those who are old with considerable records of efficacy,"¹⁰⁰ the personnel channel of the Academy was designed to perfectly meet this goal. The only statistics of the Academy members' ages showed that no Imperial Physician of the middle layer of the Academy could be younger than fifty. Before being promoted to Imperial Physician there were frequent tests at various levels. If one considers that some students started studying medicine at the age of ten, before becoming Imperial Physician they would have studied for forty years. The institute gave them practical training through its opportunities to treat prisoners, soldiers, or candidates for civil examinations. Thus it was advantageous to maintain the affiliation to the Ministry of Rites for the legitimacy to carry out these jobs. The road to promotion was long and the competition was bitter. Many of the members remained in low-ranking positions until retirement. At their expense, more outstanding members would be selected to serve the emperor. By the time any physician reached the imperial family, he would be at least middle-aged with an established history of clinical expertise.

Another feature of the Qing Academy was that its pool of potential members was significantly smaller than that of any previous dynasty. Even though the emperor still urged the provinces to recommend excellent physicians to serve in the Academy, historians have been able to identify very few. The Qing rulers effectually cut off the Academy physicians' interactions with courtiers. From the critical abstract of the "Complete Writings of the Four Storehouses," we know that the Manchu ruler hated to tolerate any possible coalition between courtiers and attendants who could observe his private life. Before the last years of the dynasty, physicians were not permitted to practice privately. Their social life was rather isolated within the group. The regulation of requiring an Academy physician's guarantee for any new student suggests that the institution

¹⁰⁰ Liu (1974), p. 507.

preferred those who already had *guanxi* ("connections") with the current group, and particularly favored the relatives of current members. The personnel regulations also strengthened physician dependency on the Academy. The evidence of the Daoguang Emperor's likely motive for abolishing the department of acupuncture and moxibustion shows that the Manchu ruler's potential suspicion of his Chinese physicians was never completely eased. Given that the Manchus had to rely on Chinese to provide advanced medical services, they used institutional means to increase the clinical team's trustworthiness so as to overcome their concerns about ethnic loyalty. Even though these measures limited the supply of candidate physicians, this sacrifice was offset by the advantage of greater security.

Compared to its predecessors, the Qing Academy was not an institute with lofty mission. Perhaps it is more appropriate to describe it—as historian Qian Mu 錢穆 suggests was the case for Qing administration in general—as an idiosyncratic result of the Manchu rulers' selfishness.¹⁰¹ Because the foreign rulers needed to protect themselves from their personal attendants, they transformed the Ming institute to meet their needs. The mocking rumors about the Qing Academy were a result of the effects of its isolation from normal people imposed by the regulations. From the outcome, however, the Qing plan for the Academy was successful. This paper's analysis echoes Qian Mu's opinion. The case of Qing Medical Academy provides an example of how political intentions transformed a medical organization, and how the resulting regulations shaped physicians' clinical and organizational behavior.

¹⁰¹ Qian (1952).

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